

Refund

**INDEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10802000**

FILING DATE **3-16-04**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
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